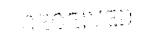
## State of California State Water Resources Control Board



## NOTICE OF TERMINATION

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Submission of this Notice of Termination constitutes notification that the facility operator identified below is no longer required to comply with the Industrial Activities Storm Water General Permit No. 97-03-0WO CLES REGION 4 198003204 WDID NO. **FACILITY OPERATOR** June Christman Powerine Oil Company CONTACT PERSON ADDRESS 12345 Lakeland Road Manager - Environmental Engineering TITLE Santa Fe Springs STATE CA 90670 562-944-6111 CITY PHONE III. FACILITY SITE INFORMATION Powerine Oil Company **FACILITY NAME** Ray Huie CONTACT PERSON 12345 Lakeland Road Environmental Engineer LOCATION TITLE Santa Fe Springs 90670 PHONE 562-944-6111 CITY STATE CA ZIP SIC CODE(S) 2 / 9 / 1 / 1 5 / 1 / 7 / 1 Oil Refining TYPE OF BUSINESS IV. BASIS OF TERMINATION 1. Closed Facility. The facility is closed and all closure, moving, and clean-up activities are complete. Date of closure \_\_\_/\_\_/ Are you moving to a new location? \_\_\_\_ Yes \_\_\_\_ No If Yes, start date at new location? \_\_\_/ / Will you file new NO!? Yes No **NEW FACILITY INFORMATION** NAME CONTACT PERSON MAILING ADDRESS TITLE CITY STATE ZIP PHONE 2. Light Industry Exemption. Exposure of industrial activities, materials, and equipment to storm water has been eliminated (Applies only to certain facilities - see instructions). Complete and submit Attachment A. Date of evaluation: \_\_\_ / \_\_ / Date exposure eliminated (if applicable): \_\_\_/\_\_/\_\_ Planned date of next evaluation: \_\_\_/\_\_/ 3. No Storm Water Discharge. Storm water associated with industrial activity does not discharge to waters of the United States because:

\_\_ a. the storm water is retained on site (such as in evaporation or percolation ponds).

\_ c. the storm water is retained offsite (such as in evaporation or percolation ponds).

\_ b. the storm water is discharged to a municipal sanitary sewer systems or municipal combined sewer

4.	•	Permitted. The facility is remarkable or the remarks of the remark	not required by f	ederal regulatio	ns to be reç	julated t	y an
<u>X</u> 5.	<ol> <li>Regulated by Another Permit. Discharge of storm water associated with industrial activity is specificall regulated by another general or individual NPDES permit.</li> </ol>						
	NPDES Permit No	CA 0057177		ate coverage b	egan/	5 /	94
6.		or. There is a new facility	operator of the i	dentified facility			÷ ·
	Date facility was transferred to new facility operator/						
	Have you notified the new facility operator of the storm water NPDES Permit requirements? Yes No						
	NEW FACILITY OPE	RATOR INFORMATION					
	NAME		CONTACT F	PERSON			
* P* ***	MAILING ADDRESS		TITLE				
	CITY	STATE	ZIP	PHONE			
V. ADDIT	IONAL TERMINATIO	N INFORMATION					
Are vo	u attachino anv additio	nal termination information	1? Y	es No3	x		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Control of the Co	na (enginación internación	.,		<del>-</del>		
	ITY PHOTOGRAPHS						
Have y	you attached facility ph	otographs? Yes	No <u>X</u> (8	See Instructions	;)		
VII. CERT	FICATION		2				
Permit No. accordance submitted. activity to v penalties for to the Region Permit No.	97-03-DWQ, and 2) the with a system design I am aware that it is uwaters of the United Stors submitting false informal Water Board by J	1) I am not required to be a is document and all attached to assure that qualified nlawful under the Clean Wates if the discharge is not mation. I understand that uly1. I also understand the requirements of the General process.	ments were pre personnel properater Act to discharged by a authorized by a the facility oper at the submittal	pared under merly gather and narge storm was NPDES permit ator is still requor this Notice of	y direction a evaluate th ter associat t, and there ired to subn f Terminatio	and supe ne inform ed with i are sign nit an an	rvisions in nation ndustrial ificant nual report
PRINTED	NAME June Chr	istman	TITLE	Manager -	Environ	nental	Engineering
SIGNATU	BE June Che	istma	DATE	718198	<u> </u>		
REGIONA	WATER BOARD US	E ONLY					
<b>□</b> 40	proved and sent to State	Board for termination	D	enled and return	ed to applica	nt	
M	AN RABULES	ω	PHOD	in	01	1041	79
Printed	Name	Signature			Dat	0	,-
Comments	: Covered by in	dividual NPBFS	permet, i	ncludind a	form was	tu de	xhoracs
				re <sup>res</sup> ia		r	not.doc(8/29/97)